

FILED SEP 5 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH28414
Do not use this space.

1. PLACE OF DEATH

(a) County Harrison
(b) Township Hamilton
(c) City orRegistration District No. 337Primary Registration District No. 5473Registered No. 9(d) Street No. 1 (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 47 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. PRINT FULL NAME

(a) Residence, No. Harrison Co., Missouri St. Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 3. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jenny Strickland6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 18777. AGE YEARS 64 MONTHS 4 DAYS 9 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. General
10. Date deceased last worked at this occupation (month and year) 1 year 11. Total time (years) spent in this occupation Life12. BIRTHPLACE (CITY OR TOWN) Harrison Co., Missouri (STATE OR COUNTRY)FATHER 13. NAME William Riley Strickland, Sr.14. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY)MOTHER 15. MAIDEN NAME Marjorie Jane Lillard16. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY)17. INFORMANT (ADDRESS) Dr. J. H. Walker18. BURYAL, CREMATION, OR REMOVAL PLACE Rocky Hill DATE 8-13 194119. FUNERAL DIRECTOR (NAME) Rollins White(ADDRESS) Harrison, Mo.20. FILED 8-16- 1941 Marie Smith Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 10 - 194122. I HEREBY CERTIFY, That I attended deceased from May 1, 1941, to August 10, 1941I last saw him alive on May 1, 1941. Death is said to have occurred on the date stated above, at 11:55 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Colon Approximated Jan. 1, 1940

Other contributory causes of importance:

NoneName of operation None Date of NoneWhat test confirmed diagnosis? None Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury NoneWhere did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify C. M. Walker M. D.(Address) Kellerton, Iowa

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Rollin D. White

Licensed Embalmer No. *3895*

P. O. Address *Lamoni, Iowa*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.